

MEX3 Identification of Flat Foot in Pediatric Patients Process Measure Documentation of Flat Foot

Percentage of patients aged 6 - 18 years with a diagnosis of flat foot who had an encounter and treatment for flexible flat foot in the past year

2018 OPTIONS FOR INDIVIDUAL MEASURES:

MedXpress, SCG Health

NATIONAL QUALITY STRATEGY DOMAIN: Communication and Care Coordination

MEASURE TYPE: Process

INSTRUCTIONS:

This measure is to be reported a minimum of once per reporting period for eligible patients with a diagnosis of flat foot seen during the reporting period. Documentation of flat foot in patients to have appropriate foot and ankle care to ensure the treatment is appropriate based upon the age of the patient.

DENOMINATOR:

Denominator criteria (Eligible Cases):

Patients aged 6 to 18 on the date of initial encounter

AND

Diagnosis for Flat Foot (ICD-10-CM):

M21.41, M21.42, Q66.51, Q66.52, Q66.81, Q66.82

NUMERATOR:

Patients who had a visit with flat foot as a diagnosis within the past 12 months

Definition:

Flat Foot Evaluation – Consists of a documented evaluation of patient with a diagnosis of flat foot

Numerator Options:

Performance Met:

Flat Foot Evaluation Documented and treatment provided (**MX015**)

OR

Performance Not Met:

Flat Foot Evaluation Not documented (**MX016**)

Performance Not Met

Flat Foot Evaluation documented, treatment not provided (**MX017**)

WHAT DATA SOURCES ARE USED FOR THE MEASURE? Administrative clinical data, Claims, Paper medical record, Prescription Drug Event Data Elements, Record review

STEWARD: MedXpress

OF PERFORMANCE RATES TO BE SUBMITTED IN THE XML: 1

Indicate an Overall Performance Rate if more than 1 performance rate is to be submitted: NA

INVERSE MEASURE: No

PROPORTION MEASURE SCORING OR CONTINUOUS MEASURE SCORING

RISK ADJUSTED: No

RATIONALE:

There are many clinical conditions referred to as Flat Foot, Flexible Flat Foot, Rigid Flat Foot, Low arch morphology to name a few. Though they are all called Flat Foot, the clinical conditions of these are all different. The current set of diagnosis codes available for these conditions is limited and does not allow for differentiation of these disparate clinical conditions. Identification of patients with ‘flat foot’ and review of the clinical findings of these patients will allow for a study to determine if additional diagnosis codes should be submitted to the World Health Organization to allow for better definition of the diagnosis code of Pediatric Flat Foot and for the eventual development of clinical practice guidelines that are tailored to the nature of the Pediatric Flat Foot.

CLINICAL RECOMMENDATION STATEMENTS:

Some children ‘grow out’ of their flat foot condition, whereas others go on to develop significant biomechanical pathology including but not limited to bunions, hammer toes, heel spurs, abducted gait with associated hip and knee pathology. To allow for better definition of the nature of the flat foot and have that definition be in a form that is computable and interoperable having the types of flat foot better defined in a standardized ontology will improve coordination of care and longitudinal care of the patient over their lifetime.

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